

**St. Peter Recreation and Leisure Services Department**600 South 5<sup>th</sup> Street Suite 200

St. Peter, MN 56082

(507) 934-0667

www.saintpetermn.gov/recreation

**St. Peter Youth Tackle Football****2015 Fall Registration Form---DEADLINE TUE., JUL 1ST**

1. Make checks payable to City of Saint Peter (\$90)
2. Registration form must be accompanied by check NO EXCEPTIONS!

**Player Information – print legibly**

Players Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fall 2015 Grade: \_\_\_\_\_ Age as of 10/1/2015: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

**PARENT:** In order for the St. Peter Youth Football League to be successful, we need all the talents and resources available to us through our parents/guardians/ Please indicate which of the following areas you will participate.

☐ Coach ☐ Asst. Coach ☐ Team Manager

**Parent/Guardian Emergency Contact Information (please be complete as possible)**

Parent / Guardian 1 Full Name		Parent / Guardian 2 Full Name	
Relationship to Player		Relationship to Player	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	

**Medical Information**

<b>Physician / Family Doctor</b>	
<b>Doctor's Phone</b>	
<b>Insurance Carrier</b>	
<b>Policy Number</b>	
<b>Medical History (Allergies, Medications, Special Conditions, etc.)</b>	

IMPORTANT NOTE: If the player is under medical care or is on prescribed medication, a note from his/her physician is required.

**Parent Permission**

**No Refunds.** Equipment will be issued when full registration payment is received. Players will not be allowed to participate in the St. Peter Youth Football Program if payment is not paid in full. Fees include rental of game uniform, football equipment. Uniforms and equipment are the property of Mankato North Mankato Youth Football and must be returned at the end of the season. I agree to pay the cost of any lost equipment issued to my child or me by the Mankato Youth Mankato Football League.

**Medication Authorization – Grant of Consent.** I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital.

**Liability Waiver:** AS the parent (or legal guardian) of the above named minor, I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against City of St. Peter, Recreation and Leisure Services Department, Sponsors, volunteers, agents and other participants.

Signature of Parent / Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

R&LS Use	Check No.	Amount Paid	Date Received
Scholarship	Full _____	Partial _____	

